

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3029 St. Vincent Street. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME LOUIS A. WILLERDING.

3. (b) If veteran, name war None
3. (c) Social Security No. 498-01-259

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ella L. Willerding. 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased June 12, 1884.
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>	<u>9</u>	<u>18</u>	hr. _____ min.

9. Birthplace Gilmore, Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman (Clothing)

11. Industry or business Famous* Barr Co.

MOTHER FATHER

12. Name Simon Willerding.

13. Birthplace Gilmore, Missouri.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Keyes.

15. Birthplace Cumberland Gap, Kentucky.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ella L. Willerding.

(b) Address 3029 St. Vincent Street.

17. (a) Burial (b) Date thereof 4-5-1941.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Cemetery

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.

(b) Address 5966-58 Easton Ave.

19. (a) APR - 5 1941 (b) J. F. Bredbeck
(Date received for registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3029 St. Vincent Street.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 2
year 1941 hour 6 minute 30 AM M.

21. I hereby certify that I attended the deceased from Jan 10
1940 to April 2, 1941.
that I last saw him alive on April 1, 1941.
and that death occurred on the date and hour stated above.

Immediate cause of death
chronic valvular
heart disease
Hypertension

Due to _____

Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

Duration
1 yr
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(g) Means of injury _____

23. Signature John D. ... (M. D. or other)
Address 472 S. ... Date signed 4/12-41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr Clyde Kane

4625 Newburg Tr.

2 to 4 P.M.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by 3454

David C. Gibson, Registered Apprentice No. _____
working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 5966 Easton St. Law

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.